Cleveland Clinic

R.B. Turnbull, Jr. MD School of Wound, Ostomy & Continence Nursing Education Program

Health Requirements for WOC Clinical Experience

Student Name: _____ Date of Exam: _____

Is the applicant:

Free from communicable/infectious disease?	Yes	No
Able to handle and lift patients?	Yes	No
Have manual and finger dexterity?	Yes	No
Have eye/hand coordination within normal limits?	Yes	No
Able to stand/walk for extensive periods of time?	Yes	No
Able to lift/carry items weighing up to 50 pounds?	Yes	No
Able to hear and have vision corrected to normal range?	Yes	No

Immunization Record (must have been administered within last 10 years or a titer is required; if available):

Hepatitis B Immunity:

- ☐ Documented positive/negative immunity status from positive titer on: (date) _____ **or,**
- ☐ Declination of Hepatitis B Vaccine form signed and attached. **or,**
- ☐ Hepatitis Vaccination: Date of 1st vaccination _____
  Date of 2nd vaccination _____
  Date of 3rd vaccination _____

Last Tetanus Diphtheria booster date: _____ (strongly recommended if greater than 7 years)

Measles, Mumps, Rubella (MMR) Immunity:

- ☐ Laboratory evidence of immunity or positive titer on _____ (date) (attach lab copy) **or,**
- ☐ Documentation of two (2) doses of live measles and mumps vaccine given at least 28 days apart and one (1) dose of live rubella vaccine. Please indicate if combined vaccination of MMR.
  Date of 1st measles & mumps vaccination _____
  Date of 2nd measles & mumps vaccination _____
  Date of live rubella vaccination _____

Varicella (Chicken Pox) Immunity:

- ☐ Laboratory evidence of immunity or disease _____ (date) (attach lab copy) **or,**
- ☐ History of varicella or herpes zoster based on physician diagnosis _____ (date) **or,**
- ☐ Documentation of two (2) doses of varicella vaccine given at least 28 days apart.
  Date of 1st vaccination _____
  Date of 2nd vaccination _____

Tuberculosis (TB) (must be current within past 12 months):

- ☐ **TB Skin Test Date:**_____ **Result:**_____
- ☐ TB Gamma Interferon (blood draw) **or,**
- ☐ Quantiferon-B Gold-Tube Assay (QTF)
- ☐ History of positive PPD: CXR date _____ (within one year).

Flu Vaccine (for clinicals during flu season months of October through March): Date Admin. _____

COVID-19 Vaccine (all CDC required doses must full administered before the cohort's first day of class):

Pfizer-BioNTech (BNT162b2)	*Moderna (mRNA-1273)*	*Johnson & Johnson (JNJ-78436735)*
Date of 1st Dose _____	Date of 1st Dose _____	Date of 1st Dose _____
Date of 2nd Dose _____	Date of 2nd Dose _____	Date of 2nd Dose _____
Date of Booster _____	Date of Booster _____	Date of Booster _____

Health Requirements for WOC Clinical Experience

I hereby certify _____ is in a state of physical and mental health to participate in the didactic courses and that would allow safe clinical practice. The above information is true and correct. I willingly submit to all tests necessary to complete this examination. I authorize the release of information to the appropriate school personnel.

Medical Examiner Name (print): _____

Medical Examiner Signature: _____

Medical Examiner Title: _____ **Date:** _____

Student Signature: _____ **Date:** _____